


FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2511429</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.							
1. OGCC Operator Number: <u>10310</u>		4. Contact Name: <u>DAVE COOK</u>					
2. Name of Operator: <u>FRAM OPERATING LLC</u>		Phone: <u>(719) 5938787</u>					
3. Address: <u>30 E PIKES PEAK AVE STE 283</u>		Fax: <u>(719) 3141362</u>					
City: <u>COLORADO SPRIN</u> State: <u>CO</u> Zip: <u>80903</u>							
5. API Number <u>05-077-09475-00</u>		6. County: <u>MESA</u>					
7. Well Name: <u>MANSUR</u>		Well Number: <u>33-1-K</u>					
8. Location: QtrQtr: <u>SENW</u> Section: <u>33</u> Township: <u>12S</u> Range: <u>97W</u> Meridian: <u>6</u>							
9. Field Name: <u>WHITEWATER</u>		Field Code: <u>92840</u>					
<u>Completed Interval</u>							
FORMATION: <u>DAKOTA</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>06/22/2010</u>		Date of First Production this formation: <u>07/08/2010</u>					
Perforations Top: <u>3178</u> Bottom: <u>3258</u>		No. Holes: <u>84</u> Hole size: <u>37/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
3254-58 2000 GAL 7 1/2% HCL ACID. 3178-90 2000 GAL 71/2% HCL ACID.							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>07/08/2010</u> Hours: <u>24</u>		Bbls oil: <u>29</u> Mcf Gas: <u>50</u> Bbls H2O: <u>0</u>					
Calculated 24 hour rate:		Bbls oil: <u>29</u> Mcf Gas: <u>50</u> Bbls H2O: <u>0</u> GOR: _____					
Test Method: <u>PUMPING</u>		Casing PSI: <u>50</u> Tubing PSI: <u>50</u> Choke Size: <u>2/100</u>					
Gas Disposition: <u>VENTED</u>		Gas Type: <u>WET</u> BTU Gas: <u>1068</u> API Gravity Oil: <u>35</u>					
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>3232</u>		Tbg setting date: <u>07/06/2010</u> Packer Depth: _____					
Reason for Non-Production:							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____		Sacks cement on top: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: MORRISON Status: ABANDONED COMPLETION

Treatment Date: _____ Date of First Production this formation: _____

Perforations Top: 3320 Bottom: 3228 No. Holes: 24 Hole size: 37/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

(BRUSHY BASIN) 2000 GAL 7 1/2% HCL.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 06/21/2010 Hours: 5 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 53

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 265 GOR: _____

Test Method: SWAB Casing PSI: 0 Tubing PSI: 0 Choke Size: 2/100

Gas Disposition: VENTED Gas Type: WET BTU Gas: 1068 API Gravity Oil: 35

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3298 Tbg setting date: 06/18/2010 Packer Depth: 3298

Reason for Non-Production: _____

WET

Date formation Abandoned: 06/21/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 3308 Sacks cement on top: 2

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: DAVE COOK

Title: GENERAL COUNSEL Date: 7/21/2010 Email DAVE@FRAMAMERICAS.COM

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Attachment Check List

Att Doc Num	Name
2511429	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)